

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-1-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The office visits with manipulations, hot-cold packs, electrical stimulation, ultrasound, myofascial therapy for 7-9-03, joint mobilization for 7-10-03, 7-18-03 and 7-22-03, manual therapy techniques for 8-6-03, 8-14-03, 8-15-03, 8-19-03, 8-22-03, 8-25-03, 12-1-03, 12-3-03, 12-10-03, 12-15-03, 12-17-03, muscle testing occupational therapy, myofascial therapy for 7-10-03, 7-18-03, 7-22-03 **were found** to be medically necessary. The joint mobilization for 7-28-03, 7-23-03, 7-21-03 and 7-7-03, therapeutic activities one to one, neuromuscular reeducation, therapeutic procedures and paraffin bath **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 9-14-04, the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The carrier denied CPT code 97750-MT with an N denial code. In accordance with 133.307 e 2 A a copy of all medical bills as originally submitted to the carrier for reconsideration must be submitted to the Commission. **Recommend no reimbursement.**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 7-7-03 – 12-17-03 as outlined above in this dispute.

This Order is hereby issued this 26th day of October 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
Enclosure: IRO decision

August 25, 2004
Amended October 21, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3765-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient tripped and fell while at work, injuring his right shoulder and elbow, and initially injuring his cervical spine on ____.

DISPUTED SERVICES

The carrier is disputing medical necessity of hot or cold packs, electrical stimulation, joint mobilization, therapeutic activities one to one, neuromuscular re-education, therapeutic procedures, office visits with manipulations, ultrasound, myofascial release, paraffin bath, manual therapy techniques, muscle testing and occupational therapy from 7/7/03 through 12/17/03.

DECISION

The reviewer disagrees with the prior adverse determination regarding all office visits, hot/cold pack, electrical stimulation and ultrasound for all dates.

The reviewer disagrees with the prior adverse determination regarding joint mobilization for the dates of 7/10/03, 7/18/03, & 7/22/03, manual therapy techniques for 8/6/03, 8/14/03, 8/15/03, 8/19/03, 8/22/03, 8/25/03, 12/1/03, 12/3/03, 12/10/03, 12/15/03, 12/17/03, muscle testing, occupational therapy, myofascial therapy for 7/10/03, 7/18/03, 7/21/03, 7/22/03, 7/23/03.

The reviewer agrees with the prior adverse determination regarding joint mobilization for the dates of 7/28/03, 7/23/03, 7/21/03 & 7/7/03. The reviewer agrees with the prior adverse determination regarding paraffin bath, therapeutic activities one to one 97530, neuromuscular re-education 97112 and therapeutic procedures 97110.

BASIS FOR THE DECISION

The findings above were made as follows: There is sufficient documentation of office visits to warrant payment of this charge. With the type of injuries suffered by this patient, hot/cold packs, electric muscle stimulation & ultrasound are indicated for use to relieve pain and swelling, and also to help alleviate the effects of increased physical activity in a therapy program. There was documentation to support the approval of myofascial release therapy for 7/9/03 and 7/21/03, however, documentation was lacking for 7/10/03, 7/18/03, 7/22/03, & 7/23/03, with no documentation of what areas this procedure was performed on. There is recommendation for approval of joint mobilization for the dates of 7/10/03, 7/18/03, & 7/22/03 as these dates were properly documented as to what joints were being mobilized whereas the other dates listed above were recommended for denial for lack of documentation. There is approval of muscle testing as this was properly documented during PPE's. Recommendation is made for approval of manual therapy techniques as they were properly documented on the dates listed above giving exactly what area was treated, with the length of time noted. There is recommended approval of occupational therapy charges because the program, in itself, was necessary and the patient did make some progress, however, some of the charges associated with the therapy have been denied, such as the therapeutic activities one-to-one, neuromuscular re-education, and therapeutic procedures. There was no documentation of the types of activities being performed, nor a detailed chart (though notes indicated that there would be a flow chart attached, there was not) indicating activity, reps/sets. It is impossible to gauge a patient's progress without knowing exactly what is being done, or on what body region it is being performed. There were some notations that patient increased for example, 12-14 reps on most activities (not noting specific activities), but that was not enough to satisfy the need for documentation for these procedures. The Zirc reviewer also recommended denial of paraffin bath therapy as no documentation existed which listed the body part on which this procedure was performed or the length of time.

The reviewer disagrees with the prior adverse determination regarding all office visits. There is sufficient documentation to support the charges and it is imperative for the doctor to track the progress and treatment of the patient.

Hot/cold pack, electrical stimulation and ultrasound were indicated with the type of injuries the patient suffered and were therefore medically necessary and properly documented for all dates.

In summary, there was a lack of documentation for most of the denied procedures, as outlined above. The office and therapy notes had sufficient space allocated for documentation of body region and time of application for most of the procedures, but the blanks were left empty in most of the instances. The notes also made reference to flow charts for therapeutic activities/procedures, however there were no charts included for review. In order to assess medical necessity, all information must be made available in order to see if the treatment was beneficial for the patient, and to see that the procedure was causing the patient to progress.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director